

Test Scenario #4

Primary Taxpayer: **Test T. Islander**

SSN: 400-00-**4216**

Filing Status: 1-Single

Family Size: 1

Refund – Direct Deposit

Test Scenario #4 includes the following forms:

- Form 740
- Schedule A
- Schedule M
- Form 5695-K
- Worksheet A
- Worksheet C
- Form 8879-K

Supporting forms:

- Form 1040
- Form 1099-R
- Form W-2G

Special Instructions:

- Multiple business incentive credits including the New Markets Development Program tax credit
- Schedule M additions and subtractions
- Gambling losses



KENTUCKY
INDIVIDUAL INCOME TAX RETURN
Full-Year Residents Only

Kentucky
UNBRIDLED SPIRIT™
2012

For calendar year or other taxable year beginning _____, 2012, and ending _____, 20____.

A. Spouse's Social Security Number <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div>	B. Your Social Security Number <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div>
Name—Last, First, Middle Initial (Joint or combined return, give both names and initials.) <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div>	
Mailing Address (Number and Street including Apartment Number or P.O. Box) <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div>	
City, Town or Post Office <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> State <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> </div> <div style="width: 45%;"> ZIP Code <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> </div> </div>

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FILING STATUS (see instructions)

- 1 ☐ Single
- 2 ☐ *Married*, filing separately on this combined return. **(If both had income.)**
- 3 ☐ *Married*, filing joint return.
- 4 ☐ *Married*, filing separate returns. Enter spouse's Social Security number above
and full name here.

POLITICAL PARTY FUND

Designating \$2 will not change your refund or tax due.

A. Spouse **B. Yourself**

Democratic (1) ☐ (4) ☐
Republican (2) ☐ (5) ☐
No Designation (3) ☐ (6) ☐

INCOME/TAX

		1 Spouse (Use if Filing Status 2 is checked.)		2 Two spouses (Use if Filing Status 3 is checked.)		3 Four or more persons (or Joint)	
5	Enter amount from federal Form 1040, line 37; 1040A, line 21 or 1040EZ, line 4. (If total of Columns A and B is \$30,657 or less, you may qualify for the Family Size Tax Credit. See instructions.)	• 5	00	• 5	00		
6	Additions from Schedule M, line 8.....	• 6	00	• 6	00		
7	Add lines 5 and 6	7	00	7	00		
8	Subtractions from Schedule M, line 20.....	• 8	00	• 8	00		
9	Subtract line 8 from line 7. This is your Kentucky Adjusted Gross Income ...	9	00	9	00		
10	Itemizers: Enter itemized deductions from Kentucky Schedule A. Nonitemizers: Enter \$2,290 in Columns A and/or B	• 10	00	• 10	00		
11	Subtract line 10 from line 9. This is your Taxable Income	• 11	00	• 11	00		
12	Enter tax from Tax Table, Computation or Schedule J. Check if from Schedule J <input type="checkbox"/>	12	00	12	00		
13	Enter tax from Form 4972-K <input type="checkbox"/> ; Schedule RC-R <input type="checkbox"/>	• 13	00	• 13	00		
14	Add lines 12 and 13 and enter total here	14	00	14	00		
15	Enter amounts from page 3, Section A, lines 22A and 22B	15	00	15	00		
16	Subtract line 15 from line 14. If line 15 is larger than line 14, enter zero.....	16	00	16	00		
17	Enter personal tax credit amounts from page 3, Section B, lines 4A and 4B	• 17	00	• 17	00		
18	Subtract line 17 from line 16. If line 17 is larger than line 16, enter zero.....	18	00	18	00		
19	Add tax amount(s) in Columns A and B, line 18 and enter here	19		19			
20	Check the box that represents your total family size (see instructions before completing lines 20 and 21).....	• 20		• 20		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
21	Multiply line 19 by Family Size Tax Credit decimal amount ____ (____%) and enter here	• 21		• 21			00
22	Subtract line 21 from line 19.....	22		22			00
23	Enter the Education Tuition Tax Credit from Form 8863-K.....	• 23		• 23			00
24	Subtract line 23 from line 22.....	24		24			00
25	Enter Child and Dependent Care Credit from federal Form 2441, line 9 ➤ _____ x 20% (.20)	• 25		• 25			00
26	Income Tax Liability. Subtract line 25 from line 24. If line 25 is larger than line 24, enter zero	26		26			00
27	Enter KENTUCKY USE TAX due on Internet, mail order, or other out-of-state purchases (see instructions)	• 27		• 27			00
28	Add lines 26 and 27. Enter here and on page 2, line 29	28		28			00



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REFUND/TAX PAYMENT SUMMARY

29	Enter amount from page 1, line 28. This is your Total Tax Liability	• 29		00
30	(a) Enter Kentucky income tax withheld as shown on attached 2012 Form W-2(s) and other supporting statements	• 30(a)		00
	(b) Enter 2012 Kentucky estimated tax payments.....	• 30(b)		00
	(c) Enter 2012 refundable certified rehabilitation credit (KRS 141.382(1)(b))	• 30(c)		00
	(d) Enter 2012 film industry tax credit (KRS 141.383)	• 30(d)		00
31	Add lines 30(a) through 30(d)	• 31		00
32	If line 31 is larger than line 29, enter AMOUNT OVERPAID (see instructions)	32		00
<i>Fund Contributions; See instructions.</i>				
33	Nature and Wildlife Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other	• 33		00
34	Child Victims' Trust Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other	• 34		00
35	Veterans' Program Trust Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other	• 35		00
36	Breast Cancer Research/Education Trust Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> Other	• 36		00
37	Add lines 33 through 36	37		00
38	Amount of line 32 to be CREDITED TO YOUR 2013 ESTIMATED TAX	• 38		00
39	Subtract lines 37 and 38 from line 32. Amount to be REFUNDED TO YOU	REFUND • 39		00
40	If line 29 is larger than line 31, enter ADDITIONAL TAX DUE	• 40		00
41	(a) Estimated tax penalty and/or interest. <input type="checkbox"/> Check if Form 2210-K attached ...	41(a)		00
	(b) Interest	41(b)		00
	(c) Late payment penalty	41(c)		00
	(d) Late filing penalty.....	41(d)		00
42	Add lines 41(a) through 41(d). Enter here.....	• 42		00
43	Add lines 40 and 42 and enter here. This is the AMOUNT YOU OWE	OWE 43		00

- Make check payable to **Kentucky State Treasurer** or visit www.revenue.ky.gov for more options.
- Write your Social Security number and "KY Income Tax—2012" on the check.

OFFICIAL USE ONLY

PWR

SECTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS

	A. Spouse		B. Yourself	
1 Enter nonrefundable limited liability entity credit (KRS 141.0401(2))	1	00	1	00
2 Enter Kentucky small business investment credit	2	00	2	00
3 Enter skills training investment credit (attach copy(ies) of certification)	3	00	3	00
4 Enter nonrefundable certified rehabilitation credit (KRS 171.397(1)(a))	4	00	4	00
5 Enter credit for tax paid to another state (attach copy of other state's return(s))	5	00	5	00
6 Enter unemployment credit (attach Schedule UTC)	6	00	6	00
7 Enter recycling and/or composting equipment credit (attach Schedule RC)	7	00	7	00
8 Enter Kentucky investment fund credit (attach copy(ies) of certification)	8	00	8	00
9 Enter coal incentive credit.....	9	00	9	00
10 Enter qualified research facility credit (attach Schedule QR).....	10	00	10	00
11 Enter GED incentive credit (attach Form DAEL-31).....	11	00	11	00
12 Enter voluntary environmental remediation credit (attach Schedule VERB).....	12	00	12	00
13 Enter biodiesel and renewable diesel credit.....	13	00	13	00
14 Enter environmental stewardship credit.....	14	00	14	00
15 Enter clean coal incentive credit.....	15	00	15	00
16 Enter ethanol credit (attach Schedule ETH).....	16	00	16	00
17 Enter cellulosic ethanol credit (attach Schedule CELL)	17	00	17	00
18 Enter energy efficiency products credit (attach Form 5695-K)	18	00	18	00

Continue to page 3 to complete Section A



SECTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS (continued)		A. Spouse		B. Yourself	
19	Enter railroad maintenance and improvement credit (attach Schedule RR-1)	19	00	19	00
20	Enter Endow Kentucky credit (attach Schedule ENDOW)	20	00	20	00
21	Enter New Markets Development Program credit	21	00	21	00
22	Add lines 1 through 21, Columns A and B. Enter here and on page 1, line 15 .	22	00	22	00

SECTION B—PERSONAL TAX CREDITS Check Regular Check both if 65 or over Check both if blind

- 1 (a) Credits for yourself: ☐ ☐ ☐ ☐ ☐
- (b) Credits for spouse: ☐ ☐ ☐ ☐ ☐

1 Enter number of boxes checked on line 1

2 Dependents:

2 Enter number of dependents who:

First name	Last name	Dependent's Social Security number	Dependent's relationship to you	Check if qualifying child for family size tax credit
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

- lived with you
- did not live with you (see instructions)
- other dependents

3 Add total number of credits claimed on lines 1 and 2.

3 Enter total credits

If married filing separately on a combined return (Filing Status 2), each taxpayer must claim his or her own credits from line 1, divide the credits on line 2, and enter the totals in Boxes 3A and 3B. All other filers enter the amount from line 3 in Box 3B

Spouse Yourself

•3A	•3B
x \$20	x \$20
4A	4B

4 Multiply credits on line 3A by \$20 and enter on line 4A. Multiply credits on line 3B by \$20 and enter on line 4B. **Enter here and on page 1, line 17, Columns A and B**

SECTION C—FAMILY SIZE TAX CREDIT (List the name and Social Security number of qualifying children that are not claimed as dependents in Section B.)

First name	Last name	Social Security number	First name	Last name	Social Security number

Attach a complete copy of federal Form 1040 if you received farm, business, or rental income or loss. If not required, check here. ☐

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

Your Signature (If joint or combined return, both must sign.) Spouse's Signature Date Signed

()

Telephone Number (daytime)

Typed or Printed Name of Preparer Other than Taxpayer I.D. Number of Preparer Date

Firm Name EIN Date

Mail to:

REFUNDS

Kentucky Department of Revenue, Frankfort, KY 40618-0006.



PAYMENTS

Kentucky Department of Revenue, Frankfort, KY 40619-0008.

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6 / 27 / 12

SCHEDULE M



2012

Form 740
42A740-M

KENTUCKY FEDERAL ADJUSTED GROSS INCOME MODIFICATIONS

Department of Revenue

► Attach to Form 740.

Enter name(s) as shown on tax return.

Your Social Security Number

PART I ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

- 1 Enter interest income from bonds issued by other states and their political subdivisions.....
- 2 Enter self-employed health insurance deduction from federal Form 1040, line 29.....
- 3 Enter resident adjustment from partnerships, fiduciaries and S corporations, Schedule K-1
- 4 Enter federal depreciation from Form 4562.....
- 5 Enter federal Net Operating Loss
- 6 Enter federal domestic production activities deduction from federal Form 8903, line 25.....
- 7 Other additions (list and enter total):
(a) _____
(b) _____
(c) _____
- 8 Total Additions. Enter here and on Form 740, page 1, line 6.....

A. Spouse (Use if Filing Status 2 is checked.)

B. Yourself (or Joint)

1		00	1		00
2		00	2		00
3		00	3		00
4		00	4		00
5		00	5		00
6		00	6		00
7		00	7		00
8		00	8		00
9		00	9		00
10		00	10		00
11		00	11		00
12		00	12		00
13		00	13		00
14		00	14		00
15		00	15		00
16		00	16		00
17		00	17		00
18		00	18		00
19		00	19		00
20		00	20		00

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PART II SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

- 9 Enter state income tax refund or credit reported as income on federal Form 1040
- 10 Enter interest income from U.S. government bonds and securities.....
- 11 Enter excludable amount of retirement income (attach Schedule P if more than \$41,110)
- 12 Enter taxable amount of Social Security and Railroad Retirement Board benefits from federal Form 1040, line 20(b) (1040A, line 14(b))
- 13 Enter long-term care insurance premiums.....
- 14 Enter health insurance premiums not previously deducted from income. Do not include premiums paid with pretax dollars (cafeteria plan).....
- 15 Enter resident adjustment from partnerships, fiduciaries and S corporations, Schedule K-1
- 16 Enter Kentucky depreciation from revised Form 4562
- 17 Enter Kentucky Net Operating Loss
- 18 Enter Kentucky domestic production activities deduction (see instructions).....
- 19 Other subtractions (list and enter total):
(a) _____
(b) _____
(c) _____
- 20 Total Subtractions. Enter here and on Form 740, page 1, line 8.....

SCHEDULE A**Form 740**

42A740-A

Department of Revenue

**KENTUCKY ITEMIZED DEDUCTIONS**

➤ See instructions.

➤ Attach to Form 740.

2012

Enter name(s) as shown on Form 740, page 1.

Your Social Security Number

Medical and Dental Expenses	Do not include expenses reimbursed or paid by others.						
	1. Medical and dental expenses.....	1					
	2. Enter 7.5% (.075) of the amount from Form 740, line 9.....	2					
	3. Total medical and dental. Subtract line 2 from line 1. If zero or less, enter -0-.....		➤	3	00		
Taxes <i>Note: Sales and use taxes and new motor vehicle taxes are not deductible.</i>	4. Local income taxes (do not include state income tax).....	4					
	5. Real estate taxes.....	5					
	6. Personal property taxes.....	6					
	7. Other taxes (list)	7					
	8. Total taxes. Add lines 4 through 7. Enter here	➤	8		00		
Interest Expense <i>Note: Personal interest is not deductible.</i>	9. Home mortgage interest and points reported to you on federal Form 1098	9					
	10. Home mortgage interest not reported to you on federal Form 1098 (if paid to an individual, show that person's name, identifying number and address)	10					
	See instructions for lines 11 and 12.						
	11. Points not reported to you on federal Form 1098	11					
	12. Qualified mortgage insurance premiums	12					
	13. Investment interest (attach federal Form 4952 if required)	13					
	14. Total interest. Add lines 9 through 13. Enter here	➤	14		00		
Contributions <i>Note: For any contribution of \$250 or more, see instructions.</i>	15. Contributions by cash or check.....	15					
	16. Other than cash or check (attach federal Form 8283 if over \$500)	16					
	17. Artistic charitable contributions deduction (attach copy of appraisal)	17					
	18. Carryover from prior year.....	18					
	19. Total contributions. Add lines 15 through 18. Enter here	➤	19		00		
Casualty and Theft Losses	20. Enter amount from attached federal Form 4684, Section A, line 16.....	20					
	21. Enter 10% (.10) of the amount from Form 740, line 9.....	21					
	22. Total casualty or theft loss(es). Subtract line 21 from line 20. If zero or less, enter -0-	➤	22		00		
Job Expenses and Most Other Miscellaneous Deductions	23. Unreimbursed employee expenses—job travel, union dues, job education, etc. (attach Form 2106 or 2106-EZ if applicable) list	23					
	24. Tax preparation fees	24					
	25. Other (investment, safe deposit box, etc.) list	25					
	26. Add the amounts on lines 23, 24 and 25. Enter here	26					
	27. Enter 2% (.02) of the amount from Form 740, line 9	27					
	28. Total. Subtract line 27 from line 26. If zero or less, enter -0-.....	➤	28		00		
	29. Other (see instructions)	➤	29		00		
Total Itemized Deductions	30. Add lines 3, 8, 14, 19, 22, 28 and 29. Enter here			➤	30		00

- ★ If single or married filing jointly, enter the total itemized deductions from line 30 on Form 740, line 10, column B.
- ★ All others go to page 2.

5695-K

41A720-S7 (10-12)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE**DRAFT**
6/7/12**2012**

➤ See instructions.

KENTUCKY ENERGY EFFICIENCY PRODUCTS TAX CREDIT

➤ Attach to Form 720, 720S, 725, 740, 740-NP, 741, 765 or 765-GP.

KRS 141.435 and KRS 141.436

Name of Entity/Individual	Identification Number (SSN or FEIN)	Kentucky Corporation/LLET Account Number (if applicable)

Part I-Qualifications

- Was the installation of the energy efficiency products completed before January 1, 2012?
- Was the installation of the energy efficiency products completed after December 31, 2012?
- Have you taken a tax credit as provided by KRS 141.437 for an ENERGY STAR home or an ENERGY STAR manufactured home?

Yes	No

If you answered "yes" to any of the questions above, STOP; you do not qualify for these credits.

If you answered "no" to all of the questions above, go to Part II.

Part II-Installation of Energy Efficiency Products**Residence or Single-family or Multifamily****Residential Rental Unit:**

1. Qualified upgraded insulation costs	1		00		
2. Multiply line 1 by 30% (.30)	2		00		
3. Credit from pass-through entities	3		00		
4. Add lines 2 and 3	4		00		
5. Maximum Credit amount	5	\$100	00		
6. Enter the smaller of line 4 or line 5	6		00		
7. Qualified energy-efficient windows and storm doors	7		00		
8. Multiply line 7 by 30% (.30)	8		00		
9. Credit from pass-through entities	9		00		
10. Add lines 8 and 9	10		00		
11. Maximum Credit amount	11	\$250	00		
12. Enter the smaller of line 10 or line 11	12		00		
13. Qualified energy property	13		00		
14. Multiply line 13 by 30% (.30)	14		00		
15. Credit from pass-through entities	15		00		
16. Add lines 14 and 15	16		00		
17. Maximum Credit amount	17	\$250	00		
18. Enter the smaller of line 16 or line 17	18		00		
19. Add lines 6, 12 and 18	19		00		
20. Maximum Credit amount	20	\$500	00		
21. Enter the smaller of line 19 or line 20	21		00		

Residence or Single-family Residential**Rental Unit:**

22. Qualified active solar space-heating system	22		00		
23. Qualified passive solar space-heating system	23		00		
24. Qualified combined active solar space-heating and water-heating system	24		00		
25. Qualified solar water-heating system	25		00		
26. Qualified wind turbine or wind machine	26		00		
27. Add lines 22 through 26	27		00		
28. Multiply line 27 by 30% (.30)	28		00		
29. Credit from pass-through entities	29		00		
30. Add lines 28 and 29	30		00		
31. Qualified solar photovoltaic system-Watts of direct current (DC) _____ X \$3	31		00		
32. Credit from pass-through entities	32		00		
33. Add lines 31 and 32	33		00		
34. Enter the larger of line 30 or line 33	34		00		
35. Maximum Credit amount	35	\$500	00		
36. Enter the smaller of line 34 or line 35	36		00		00

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8/2/12**Part II-Installation of Energy Efficiency Products (continued)**

Multifamily Residential Rental Unit or Commercial Property:				
37. Qualified active solar space-heating system	37	00		
38. Qualified passive solar space-heating system	38	00		
39. Qualified combined active solar space-heating and water-heating system	39	00		
40. Qualified solar water-heating system	40	00		
41. Qualified wind turbine or wind machine	41	00		
42. Add lines 37 through 41	42	00		
43. Multiply line 42 by 30% (.30)	43	00		
44. Credit from pass-through entities	44	00		
45. Add lines 43 and 44	45	00		
46. Qualified solar photovoltaic system-Watts of direct current (DC) _____ X \$3	46	00		
47. Credit from pass-through entities	47	00		
48. Add lines 46 and 47	48	00		
49. Enter the larger of line 45 or line 48	49	00		
50. Maximum Credit amount	50	\$1,000	00	
51. Enter the smaller of line 49 or line 50	51			00
Commercial Property:				
52. Qualified energy-efficient interior lighting system	52	00		
53. Multiply line 52 by 30% (.30)	53	00		
54. Credit from pass-through entities	54	00		
55. Add lines 53 and 54	55	00		
56. Maximum Credit amount	56	\$500	00	
57. Enter the smaller of line 55 or line 56	57			00
58. Qualified energy-efficient heating, cooling, ventilation or hot water system	58	00		
59. Multiply line 58 by 30% (.30)	59	00		
60. Credit from pass-through entities	60	00		
61. Add lines 59 and 60	61	00		
62. Maximum Credit amount	62	\$500	00	
63. Enter the smaller of line 61 or line 62	63			00
64. Add lines 57 and 63	64			00
65. Add lines 21, 36, 51 and 64	65			00
66. Enter any unused Energy Efficiency Products Tax Credit earned in 2011, if applicable	66			00
67. Add lines 65 and 66	67			00

Enter the amounts from Form 5695-K on the applicable tax return as follows:**Individual, estate or trust filing:**

- Form 740-Enter the amount from Line 67 on Form 740, Section A, Line 18.
- Form 740-NP-Enter the amount from Line 67 on Form 740-NP, Section A, Line 18.
- Form 741-Enter the amount from Line 67 on Form 741, Line 18.

Corporation or pass-through entity filing:

- Form 720-Enter the amount from Line 67 on Schedule TCS, Line 16.
- Form 720S-Enter the amounts from Lines 6, 12, 18, 36, 36, 51, 51, 57 and 63 on Form 720S, Schedule K, Lines 27, 28, 29, 30, 31, 32, 33, 34 and 35, respectively; and the amount from Line 67 on Schedule TCS, Line 16.
- Form 725-Enter the amount from Line 67 on Schedule TCS, Line 16.
- Form 765-Enter the amounts from Lines 6, 12, 18, 36, 36, 51, 51, 57 and 63 on Form 765, Schedule K, Lines 28, 29, 30, 31, 32, 33, 34, 35 and 36, respectively; and the amount from Line 67 on Schedule TCS, Line 16.
- Form 765-GP-Enter the amounts from Lines 6, 12, 18, 36, 36, 51, 51, 57 and 63 on Form 765-GP, Schedule K, Lines 28, 29, 30, 31, 32, 33, 34, 35 and 36, respectively.

Credit for Taxes Paid to Other State Worksheet

Kentucky residents/part-year residents only. Complete a separate worksheet for each state. See instructions for Form 740, Section A, Line 5.

► **TIP** – Credit for taxes paid to another state may be reduced or eliminated if gambling losses are claimed on Schedule A.

Taxpayer SSN

Taxpayer First Name

Name of other state

Type of Income Reported to Other State.....

1. List Kentucky taxable income from Form 740, Line 11
2. List any gambling losses from Schedule A, Line 29
3. Add Lines 1 and 2 and enter total here
4. List income reported to other state included on Kentucky return
5. Subtract Line 4 from Line 3 and enter total here
6. Adjusted gambling losses. Compute gambling losses allowed on Kentucky return if income from other state is ignored
7. Subtract Line 6 from Line 5 and enter total here
8. Enter Kentucky tax on income amount on Line 7
9. Enter Kentucky tax on income amount on Line 1
10. Subtract Line 8 from Line 9. This is the tax savings on return if other state's income is ignored
11. Enter tax paid to other state on income claimed on Kentucky return
12. Enter the lesser of Line 10 or Line 11. This is your credit for tax paid to other state. Carry this total to Form 740, Section A, Line 5

Kentucky Limited Liability Entity Tax Credit Worksheet

Complete a separate worksheet for each LLE. Retain for your records. See instructions for Form 740, Section A, Line 1.

Entity Name

Entity Address

Entity FEIN

Entity KY Corporate Account #

Percentage of Ownership

Form 720-S

Form 765

Form 765-GP

Form 725

1. Enter Kentucky taxable income from
Form 740, Line 11
2. Enter LLE income as shown
on Kentucky Schedule K-1
or Form 725
3. Subtract Line 2 from Line 1 and
enter total here
4. Enter Kentucky tax on income
amount on Line 1
5. Enter Kentucky tax on income
amount on Line 3
6. Subtract Line 5 from Line 4. If Line 5
is larger than Line 4, enter zero. This
is your tax savings if income is ignored ...
7. Enter nonrefundable limited liability
entity tax credit (from Kentucky
Schedule K-1 or Form 725)
8. Enter the lesser of Line 6 or Line 7.
This is your credit. Enter here and on
Form 740, Section A, Line 1

For the year Jan. 1–Dec. 31, 2011, or other tax year beginning

, 2011, ending

, 20

See separate instructions.

Your first name and initial

Last name

Your social security number

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Foreign country name

Foreign province/county

Foreign postal code

Filing Status

1 ☐ Single2 ☐ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a ☐ Yourself. If someone can claim you as a dependent, do not check box 6ab ☐ Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if child under age 17 qualifying for child tax credit (see instructions)If more than four dependents, see instructions and check here ▶ ☐

				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you
• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends

9b

10 Taxable refunds, credits, or offsets of state and local income taxes

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

15a

b Taxable amount

16a Pensions and annuities

16a

b Taxable amount

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

20a

b Taxable amount

21 Other income. List type and amount

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

23 Educator expenses

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 Deductible part of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN ▶

32 IRA deduction

33 Student loan interest deduction

34 Tuition and fees. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 35

37 Subtract line 36 from line 22. This is your adjusted gross income ▶

3232

☐ VOID☐ CORRECTED

OMB No. 1545-0238

2012**Form W-2G****Certain
Gambling
Winnings**

For Privacy Act and
Paperwork Reduction Act
Notice, see the **2012
General Instructions for
Certain Information
Returns.**

File with Form 1096.

Copy A
**For Internal Revenue
Service Center**

PAYER'S name	1 Gross winnings	2 Federal income tax withheld
Street address	3 Type of wager	4 Date won
City, state, and ZIP code	5 Transaction	6 Race
Federal identification number Telephone number	7 Winnings from identical wagers	8 Cashier
WINNER'S name	9 Winner's taxpayer identification no.	10 Window
Street address (including apt. no.)	11 First I.D.	12 Second I.D.
City, state, and ZIP code	13 State/Payer's state identification no.	14 State income tax withheld
<p>Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.</p> <p>Signature ► Date ►</p>		

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
		\$		<div style="font-size: 2em; font-weight: bold;">2012</div>			
		2a Taxable amount					
		\$		Form 1099-R			
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		Copy 1 For State, City, or Local Tax Department	
PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)		4 Federal income tax withheld			
		\$		\$			
RECIPIENT'S name Street address (including apt. no.) City, state, and ZIP code		5 Employee contributions / Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities			
		\$		\$			
		7 Distribution code(s)		IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other		
		9a Your percentage of total distribution %		9b Total employee contributions			
		\$		\$			
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 State tax withheld		13 State/Payer's state no.		14 State distribution	
\$		\$				\$	
		\$				\$	
Account number (see instructions)		15 Local tax withheld		16 Name of locality		17 Local distribution	
		\$				\$	
		\$				\$	